

**EXHIBIT J**  
**HIGH RISK INFANT FOLLOW-UP PROGRAM RFA**

**CONTRACT INFORMATION FORM**

**Please provide the following information for your contract contact person:**

**Project Representatives**

A. The project representatives during the term of this agreement will be:

<b>Department of Health Services</b> Nancy Snyder Telephone: (916) 327-2408 FAX: (916) 327-1123 E-mail: <a href="mailto:nsnyder@dhs.ca.gov">nsnyder@dhs.ca.gov</a>	<b>Contractor</b> [Enter Name of Contractor's Contract Manager] Telephone: (XXX) XXX-XXXX FAX: (XXX) XXX-XXXX E-mail: XXXXXXXX@XXXXXXX
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B. Direct all inquiries to:

<b>Department of Health Services</b> Children's Medical Services Attention: Nancy Snyder Mail Station Code 8104 1515 K Street, Room 400 P. O. Box Number 997413 Sacramento, CA 95899-7413 Telephone: (916) 327-2408 FAX: (916) 327-1106 E-mail: <a href="mailto:nsnyder@dhs.ca.gov">nsnyder@dhs.ca.gov</a>	<b>Contractor</b> Section or Unit Name (if applicable) Attention: [Enter name, if applicable] Street address & room number, if applicable P. O. Box Number [if applicable] City, State, Zip Code Telephone: (XXX) XXX-XXXX FAX: (XXX) XXX-XXXX E-mail: XXXXXXXX@XXXXXXX
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